

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

HANSTON NW

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

BB (center)

1. Location of well: County: Hodgman		Fraction: c1/4 NW 1/4 NW/4		Section number: 11		Township number: T 22 S^r R 22		Range number: 22		KW			
2. Distance and direction from nearest town or city: From Hanston, Ks. 2w east side rd. Street address of well location if in city:				3. Owner of well: Slawson Drilling Co. R.R. or street: Box 1131 City, state, zip code: Great Bend, Ks. 67530									
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: N W E S 1 Mile				6. Bore hole dia. 1 1/2 in. Completion date _____ Well depth 70 ft. 7-27-79		7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material				From		To		9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 1/2 in. to 70 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 237					
Top soil				0		2		10. Screen: Manufacturer's name certainteed Type pvc Dia. 4 1/2 Slot/gage 1/16 Length 20 Set between 50 ft. and 70 ft. _____ ft. and _____ ft.					
Clay				2		18		Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4-3/8					
Sand and gravel				18		28		11. Static water level: _____ mo./day/yr. 28 ft. below land surface Date 7-27-79					
Clay				28		42		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping NA g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.					
Sand and gravel				42		72		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____					
Fire clay				72		75		14. Well head completion: _____ Pitless adapter _____ Inches above grade					
BROCK 72' RR.								15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.					
28/44' sat thick								16. Nearest source of possible contamination: ft. 75 Direction east Type oil well Well disinfected upon completion? hth Yes <input type="checkbox"/> No <input type="checkbox"/>					
in Alluvium								17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
(Use a second sheet if needed)								20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Rosencrantz-Bemis 134 Business name License No. Address Box 713 Great Bend, Ks. Signed Fredia Rodson Date 8/6/79 Authorized representative					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: 2180 77 2108 TOPO											

T 22 S^r R 22
 Sec 11
 1/4 1/4 1/4
 C NW NW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5